

FORWARDHEALTH REIMBURSEMENT REQUEST FOR A PASARR LEVEL I SCREEN COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable Medicaid to authorize and pay for PASARR Level I Screens that meet the ForwardHealth reimbursement guidelines. **The use of this form is mandatory; use an exact copy of this form.**

Nursing facilities (NFs) are required to give full, correct, and truthful information. This information includes, but is not limited to, the resident's full name, Social Security number (SSN) (DHS 104.02[4], Wis. Admin. Code), and preadmission history.

Under s. 49.45(4), Wis. Stats., personally identifiable information about NF residents is confidential and is used for purposes directly related to the processing of requests for reimbursement. Failure to supply all the information requested on this form will result in a denial of the reimbursement request.

The information on this reimbursement request is needed to ensure that Medicaid-certified long term care facilities, NFs, are only paid for Level I Screens that are required under 42 CFR s. 483.104. On February 1, 1997, new reimbursement guidelines were implemented by Wisconsin Medicaid based on this federal regulation. Effective February 1, 1997, only Level I Screens performed on residents that meet the definition of a *new admission*¹ are reimbursable.

Nursing facilities are not required to perform a new Level I Screen on residents who are returning from a hospital stay, *readmission*², or an *interfacility transfer*³. If an NF elects to perform a new Level I Screen for a readmission or interfacility transfer, the NF should not seek reimbursement for it.

Submit completed reimbursement requests by mail to the following address:

ForwardHealth
6406 Bridge Rd
Madison WI 53784-0002

This form is available via the ForwardHealth Portal. To access and print the form and completion instructions, go to www.forwardhealth.wi.gov/, click on the "Providers" link and then click on "Forms" in the Quick Links box on the right-hand side of the screen. Forms are listed in alphabetical order.

INSTRUCTIONS

Name — NF

Enter the NF's practice location name (or the "doing business as" name), not a corporate name, in this element. The NF name and National Provider Identifier (NPI) on the form must match the NF name and NPI on the ForwardHealth file. If the NF name and NPI do not match what is on file, the request will be denied.

The NF name should not be abbreviated. For example, Maple Leaf Retirement Community must enter "Maple Leaf Retirement Community." An abbreviated version of the name, such as "MLRC," would cause the request to be denied. If the NF name on the ForwardHealth provider file includes a common abbreviation (i.e., "WI" for Wisconsin or "ST" for Saint), that abbreviation is required on the request.

POP ID (Required)

Enter the Permanent Operation Provider Identification number (POP ID), a three-digit number assigned to the NF by the Division of Long Term Care. This number never changes, even with a change of ownership. This number is on the NF's Medicaid Rate Letter.

National Provider Identifier — NF

Enter the NF's 10-digit NPI. Contact the NF's billing department or administrator to obtain this number.

Last Name — Resident

Enter the resident's last name.

First Name — Resident

Enter the resident's first name.

Social Security Number — Resident

Enter the resident's SSN. Requests for reimbursement cannot be processed without the resident's SSN.

Screen Date

Enter the date the Level I Screen is completed in MM/DD/CCYY format. Only Level I Screens that meet the definition of a new admission¹ are reimbursable. ForwardHealth must receive this reimbursement request within 365 days of the screen date.

Admission Date

Enter the date the resident was admitted to the NF in MM/DD/CCYY format. This date must correspond with the Screen Date.

Preadmission History

Enter an "X" to indicate where the resident was located prior to admission to the NF. Mark *only one* box. If this section is not completed, is marked with multiple responses, or if the response indicates that this is not a preadmission screen, the request will be denied.

Name and Telephone Number — NF Contact

Enter the name and telephone number of the employee ForwardHealth should contact, if needed.

Signature and Date Signed — Provider

An authorized representative of the NF must read the certification statement and sign and date this form. If either the signature or the date is omitted, the result will be a denial of the reimbursement request.

- ¹ New Admission — An individual is admitted to an NF from a private residence (e.g., private home, group home, or intermediate care facility-mentally retarded [ICF-MR]) with or without an intervening hospital stay. If an individual transfers to an NF from a hospital, and his or her residence prior to the hospital stay was a private residence, a Level I Screen is required.
- ² Readmission — An individual is readmitted to an NF from a hospital to which he or she was transferred for the purpose of receiving care. If the transferring NF considered the resident discharged from the NF during the time he or she was in the hospital, it is still considered a readmission when that resident transfers back to the NF from the hospital. A new Level I Screen is not required. If the resident is discharged to a private residence from the hospital but needs to return to the NF at a later time, that would be a "new admission." A new Level 1 Screen would be required.
- ³ Interfacility Transfer — An individual is transferred from one NF to another NF, with or without an intervening hospital stay. The admitting NF is not required to perform a new Level I Screen.